

GENERAL FACT SHEET

BILL NUMBER 08-120

BRIEF TITLE	APPROVAL DEADLINE	REASON
Environmental Public Health		To provide adequate revenue to meet FY 09
Permit Fee Increases		budget.

DETAILS POSITIONS/RECOMMENDATIONS

Increase fees specified in: - LMC 24.38 Onsite Wastewater Treatment Systems - LMC 24.42 Regulation of Property Transfers with Onsite Systems	Sponsor	Board of Health
	Program Departments, or Groups Affected	All automated departments Various Programs Environmental Public Health Regulated industry, businesses and entities
	Applicants/ Proponents	Applicant Health Department City Department Health Other Board of Health
Discussion (Including Relationship to other Council Actions) To meet the Health Department's budget, incremental fee increases are proposed, which address increased operational costs. These fee increases will assure the Health Department meets its revenue requirements for FY 09.	Opponents	Groups or Individuals None specifically identified Basis of Opposition
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY: Board of Health <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	
	OPERATIONAL IMPACT ASSESSMENT	<u>Fee increases are necessary to maintain regulatory program functions mandated by Lincoln Municipal Code.</u>	
	FINANCES		
	COST AND REVENUE PROJECTIONS	COST of total project:	\$ 0
		COST of this Ordinance/ Resolution	\$ 0
		RELATED annual operating Costs	\$ 0
		INCREASE REVENUE EXPECTED/YEAR	\$3,000
SOURCE OF FUNDS	CITY [Approximately]		
	\$ _____	% _____	
	\$ _____	% _____	
	\$ _____	% _____	
	NON CITY [Approximately]		
	Fees	\$ 3,000 % 100	
	\$ _____	% _____	
	\$ _____	% _____	
BENEFIT COST			
	<input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot	Average Assessment \$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY: Scott E. Holmes, Environmental Public Health Division Manager

REVIEW BY:

REFERENCE NUMBER